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23639 7590 01/16/2009

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/646,221	08/22/2003	Phillip A. Patten	704660-3001	1498

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR POLYPEPTIDE ENGINEERING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/16/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS		04/14/2009 SHOHAMM1 00000007 504047	10646221	
LU, FRANK WEI MIN	1634	435-006000		01 FC:1501	1510.00 DA	
				02 FC:1504	300.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		2. For printing on the patent front page: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		3. Bingham McCutchen LLP		
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				1. Norman Kruse, Ph.D.		
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.				2. Sharon Fujita		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Maxygen, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Redwood City, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4047 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Sharon E. Crane

Date April 13, 2009

Typed or printed name Sharon E. Crane, Ph.D.

Registration No. 36,113

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